



□ yes, 5 or more drinks at least one time

Breastfeeding and Postpartum Health and Diet Questions

Name:		 	
Today's Da	ite:		

Directions: Please answer the questions on the front and back. Your answers will help WIC determine your health and nutrition needs. All information is confidential.

FOR	M 132E (5/04)	u 11u	tritori riccus. 7 il illiorination is confidentiali.					
1.	* Health Questions * What is the highest grade you have completed in school?	17. In the last 3 months of your pregnancy, how cigarettes did you smoke on an average day? □ did not smoke □ number of cigarettes						
2.	What was your due date?	18.	In the last 3 months of your pregnancy, how many					
	What was your delivery date?		alcoholic drinks did you have in an average week?					
	How much did your baby weigh at birth? [68/86] pounds ounces		□ did not drink□ less than one drink per week					
5.	What did you weigh before you became pregnant? pounds	19.	□ drinks per week How are you feeding your baby?					
6.	How much weight did you gain during this pregnancy? pounds [14]		□ breastfeeding □ formula only □ combination of breastfeeding and formula					
7.	What date did you have your first visit for prenatal care from a doctor or certified nurse midwife? □ date of visit: □ no prenatal care for the pregnancy	20.	On a scale of 1 to 5, how comfortable are you to breastfeed your baby? Circle the number. Not very comfortable = 1 2 3 4 5 = comfortable					
8.	Who is your doctor?	21.	Check any answers which happened to you with this					
9.			baby: [615]Flat or inverted nipplesIntensely sore nipples (red, sore and/or bleeding)					
10.	If you have been pregnant before this, what date did your previous pregnancy end? [63\[phi]]		 Milk didn't come in by 4 days postpartum [1 wk only] Mastitis 					
11.	Describe any medical conditions you have: [90's]		Severe breast engorgementPlugged ducts more than once					
12.	Check if these have happened during this pregnancy. □ diabetes [55] □ C-section [90 within 2 mo] □ twins [61] □ infant death or miscarriage [66]		Age 40 or aboveBreastfeeding two children who are not twins					
13.	Have you used street drugs or marijuana since the	* Diet Questions *						
14.	baby was born? \Box no \Box yes [80] Does anyone in your household smoke inside the	22.	Do you throw up or use laxatives to manage your					
hor	ne? me someone else [Y] no one [N] How many cigarettes do you smoke on an average day	23.	weight? no yes [96] Do you eat things that are not food, such as paint chips, laundry starch or dirt?					
15.	now?		□ no □ yes, describe [48]					
	□ do not smoke □ number of cigarettes each day [81♦]	24.	Do broken or missing teeth, gum disease or toothaches cause you to not eat some foods?					
16.	Have you had alcoholic drinks since the baby was born?		□ no □ yes, list foods: [95]					
	A drink is one glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.	25.	Did you run out of food or money to buy food in the last six months? $\ \square$ no $\ \square$ yes					
	no	26.	What are your questions about food and nutrition?					
	□ yes, once or twice□ yes, 2 or more drinks on most days[82]	27.	What do you think you are doing well to feed your family and yourself?					

[82]

* More Diet Questions *

28. Check an	y special diets you follow: none	29. Check any	suppl	emen	ts voi	u take	::			
□ food allergy, list food: [52]			□ pr		-					
□ weight loss □ diabetic [91]										
□ vege	tarian 🗆 other									
		et Recall *								
	erything you had to eat or drink the day befor ite the foods you would usually eat in a day		it. If	this w	as no	t the	way y	ou us	sually	eat,
•	pecific and write one food per line. See the									
		·								
TIME	FOOD	AMOUNT	FOR WIC USE ONLY							
12:30 pm	sandwich meat (turkey)	2 slices	P R	C A	I R	V	V I	0 T	G R	E C
	bread	2 slices	0 T	L	O	T	Т	Н	A	Α
			1	C	IN	C	А	R	N	L
	WIC CLINIC USE	TOTAL (circle if low)								
		ADEQUATE - B	3	3	10	1.5	1			
		ADEQUATE - N	2	3	10	1.0	0.5			_
		ADEQUATE - IN	2	3	10	1.0	0.5			
Name	WIC Staff (CPA)					Date				

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